

Complete Summary

GUIDELINE TITLE

Increasing immunization coverage.

BIBLIOGRAPHIC SOURCE(S)

Wood DL. Increasing immunization coverage. American Academy of Pediatrics Committee on Community Health Services. American Academy of Pediatrics Committee on Practice and Ambulatory Medicine. Pediatrics 2003 Oct; 112(4): 993-6. [17 references] [PubMed](#)

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INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT

CATEGORIES

IDENTIFYING INFORMATION AND AVAILABILITY

SCOPE

DISEASE/CONDITION(S)

Vaccine-preventable diseases, such as:

- Diphtheria
- Tetanus
- Pertussis
- Poliomyelitis
- Measles
- Mumps
- Rubella
- Haemophilus influenzae b infection

GUIDELINE CATEGORY

Prevention

CLINICAL SPECIALTY

Family Practice
Pediatrics
Preventive Medicine

INTENDED USERS

Physicians

GUIDELINE OBJECTIVE(S)

To present recommendations for increasing immunization coverage in provider offices

TARGET POPULATION

All children, especially children who are members of a racial or ethnic minority, who are poor, or who live in inner-city or rural areas

INTERVENTIONS AND PRACTICES CONSIDERED

1. Participation in American Academy of Pediatric activities, such as promoting comprehensive health care, collaborating with local public and private child health services, removing economic barriers, reducing socioeconomic and racial disparities, advocating for adequate vaccine reimbursement rate and adequate supplies, and supporting ongoing education
2. Assessment and improvement of practices' effectiveness in immunizing children
3. Use of current vaccine information statements to educate parents
4. Reporting of all vaccine-related adverse events
5. Support and implementation of the Standards for Child and Adolescent Immunization Practices

MAJOR OUTCOMES CONSIDERED

Immunization rates

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Hand-searches of Published Literature (Primary Sources)
Hand-searches of Published Literature (Secondary Sources)
Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Not stated

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Weighting According to a Rating Scheme (Scheme Given)

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Rated as strong, sufficient or insufficient evidence based on the number and quality of the studies for each recommendation.

METHODS USED TO ANALYZE THE EVIDENCE

Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

Not stated

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Not stated

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

1. Pediatricians and child health professionals should join with the national American Academy of Pediatrics (AAP) and AAP chapters in the following activities:
 - Vigorously advocating for all children to receive comprehensive health care, including childhood immunizations in a medical home ("The medical home," 2002). Children most likely to experience barriers to comprehensive care in a medical home are children who are members of racial and ethnic minorities, poor or uninsured children, children living in inner-city or rural areas, and children with chronic medical conditions.
 - Collaborating with local public and private child health services to identify children without access to a medical home and assist in referring them to a medical home. The medical home should maintain the children's medical records, including immunization records.
 - Removing economic barriers to immunizations for parents and pediatricians to participate in the Vaccines for Children (VFC) Program or state vaccine programs
 - Reducing socioeconomic and racial disparities in immunization rates by working with all national medical groups and specialty societies that care for poor and underserved populations
 - Advocating with state vaccine purchasing or Vaccines for Children programs and private third-party payers of vaccine for adequate vaccine reimbursement rates that cover all costs associated with the administration of vaccines, including the vaccines product, physician work, practice administrative expense, professional liability, and all related supplies, including safety needles
 - Advocating with vaccine manufacturers and state and federal governments to maintain an adequate supply of all childhood vaccines at all times
 - Ensuring that the safest and most effective vaccines and combinations are available to children
 - Advocating with state and federal governments to ensure that timely access to all immunizations recommended by the Advisory Committee on Immunization Practices (ACIP), the AAP, and the American Academy of Family Physicians (AAFP) for all children remains a high public policy priority
 - Supporting ongoing education and quality improvement programs for pediatricians and other child health care professionals about important vaccine-related issues, including the dissemination of peer-reviewed evidence for more effective immunization delivery
2. Pediatricians should undertake assessment and improvement activities necessary to maximize their practices' effectiveness in immunizing children.
3. Pediatricians should use the most current vaccine information statements to educate parents about vaccine risks and benefits of immunizations (available on the [AAP Web site](#)).
4. As directed by the National Childhood Vaccine Injury Act (1986), pediatricians should report all adverse events related to vaccines by using the Vaccine Adverse Event Reporting System (see www.vaers.org for forms and instructions).
5. Pediatricians should support and implement the Standards for Child and Adolescent Immunization Practices as endorsed by the AAP and the National Vaccine Advisory Committee (see the [Centers for Disease Control and Prevention \[CDC\] Web site](#)).

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

REFERENCES SUPPORTING THE RECOMMENDATIONS

[References open in a new window](#)

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of evidence supporting each recommendation is summarized in a background document cited in the report.

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

Improvements in the vaccine delivery system can lead to increased immunization rates for children from diverse backgrounds and economic groups.

POTENTIAL HARMS

Not stated

QUALIFYING STATEMENTS

QUALIFYING STATEMENTS

The guidance in this report does not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Staying Healthy

IOM DOMAIN

Effectiveness
Patient-centeredness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

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ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

2003 Oct

GUIDELINE DEVELOPER(S)

American Academy of Pediatrics - Medical Specialty Society

SOURCE(S) OF FUNDING

American Academy of Pediatrics

GUIDELINE COMMITTEE

Committee on Community Health Services
Committee on Practice and Ambulatory Medicine

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

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FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

GUIDELINE STATUS

This is the current release of the guideline.

American Academy of Pediatrics (AAP) Policies are reviewed every 3 years by the authoring body, at which time a recommendation is made that the policy be retired, revised, or reaffirmed without change. Until the Board of Directors approves a revision or reaffirmation, or retires a statement, the current policy remains in effect.

GUIDELINE AVAILABILITY

Electronic copies: Available from the [American Academy of Pediatrics \(AAP\) Web site](#).

Print copies: Available from American Academy of Pediatrics, 141 Northwest Point Blvd., P.O. Box 927, Elk Grove Village, IL 60009-0927.

AVAILABILITY OF COMPANION DOCUMENTS

None available

PATIENT RESOURCES

None available

NGC STATUS

This NGC summary was completed by ECRI on February 19, 2004. The information was verified by the guideline developer on March 29, 2004.

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